

DURHAM COUNTY TAX ADMINISTRATION ANIMAL LISTING FORM

 200 E Main St. 1st Floor
 Telephone: (919)560-0300

 Durham, NC 27701
 Fax: (919) 560-0350

DURHAM COUNTY ANIMAL ORDINANCE

The ordinance requires the <u>owner of every dog or cat</u> kept within the territorial boundaries of this county for more than 30 days to list the animal with the Durham County Tax Administrator, within 30 days of bringing the animal into the county. Any person, who owns, maintains, possesses or controls five or more animals of the same species <u>must apply</u> to the Durham County Tax Administration Office for an alternative tax on kennels.

TAX FOR DOGS AND CATS IN DURHAM COUNTY

- \$75.00 Annual tax for unaltered dogs/cats
- \$10.00 Annual tax for altered dogs/cats

 If your dog or cat has been sterilized please attach proof of spay and neuter from your veterinarian or clinic that performed the sterilization.
- \$10.00 Annual tax for each dog/cat of which a health condition exists that permanently precludes the animal from undergoing sterilization because of a significant risk of injury or death, which the owner has furnished a statement from a licensed veterinarian.
- \$0.00 Any person owning, possessing or utilizing an animal certified to assist handicapped individuals or primarily for serving the public, upon showing proof from a duly authorized agency as a service animal. This shall include retired service animals upon proof of service record.
- \$0.00 An owner 65 years of age or older must provide proof that his/her animal, for which the owner is seeking an exemption, has been spayed or neutered.
- \$0.00 Research institutions owning dogs and/or cats used solely for research purposes may receive an exemption.

LISTING INFORMATION

Please attach check or money order with this listing form.

Owner Name: City: _____ State: ____ Zip Code: ____ Telephone: (H) ______(W) _____(C) _____ ANIMAL INFORMATION Pets Name: Breed: Color: ______ Age: _____ Kind of Animal: Dog _____ Cat ____ Male ____ Female ____ Altered Animal: Yes No Neutered Spayed Rabies Tag Number: _____ Date of Vaccination: _____ Duration of Vaccine: (1) year _____ (3) years _____ Where was current vaccination given? (Attach a copy of your animal's rabies certificate from your veterinarian) SIGNATURE: _____ **DATE:** _____ Make all checks or money orders payable and mail to: **Durham County Tax Administration** PO Box 3397

Durham. NC 27702